

Carl News 349-14-68460
15-15 Hagen Street
East Amherst, NY 11370

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKCase # 14-cv-00100Plaintiff: Carl Davis # 349-14-08460

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Medical department of C-73 Rikers
island correctional facilityMedical Director, C-73

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

AUG - 5 2014

PRO SE OFFICE

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Carl Davis
 ID # 349-14-08460
 Current Institution C-73 rikers island correctional fac:
 Address 15-15 Hazen street, East Elmhurst, ny
11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Medical Department Shield # _____
 Where Currently Employed C-73 rikers island
 Address 15-15 Hazen street, East Elmhurst,
ny, 11370

Defendant No. 2 Name Medical Director C-73 Shield # _____
 Where Currently Employed _____
 Address 15-15 Hazen Street
East Elmhurst, NY 11370

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

S See attached statement of claims

B. Where in the institution did the events giving rise to your claim(s) occur?

See attached statement of claims

C. What date and approximate time did the events giving rise to your claim(s) occur?

See attached statement of claims

10. Facts: I have been shot 9 times, I came to Rikers Island taking
severe pain medication as a result of my medical conditions, I
live with serious chronic pain and can barely walk, the medical
department are aware of this and refuses to provide me with

What
happened
to you?

See attached statement of Facts

What did
you do?

adequate pain medication despite having the knowledge of what
medications I have been taking prior to coming to C-73, as well
as my serious medical condition as a 20 year old black man
trying to recover from being shot 9 times, living with serious
pains and sufferings, and the medical staff, doctors, refuses
to prescribe the medications that my doctors in society has
constantly prescribed for me, rikers out right refuses. Bec-
ause of such, I am suffering pain, irreparable injury and men-
tal and emotional suffering.

Was
anyone
else
involved?

What do
you want
happened?

11. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Severe medical injuries, relating to glucose level
, high blood pressure, and other severe injuries,

severe pain as a result of inadequate pain medication.

12. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

13. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

X Yes X No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

C-73 , Rikers Island Correctional facility

B Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E If you did file a grievance, about the events described in this complaint, where did you file the grievance?

~~grievance committee within facility~~

1 Which claim(s) in this complaint did you grieve?

~~all of which are named herein attached documents~~

2 What was the result, if any?

no result, what so ever

3 What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

~~not applicable , no response was prompted~~

F If you did not file a grievance:

1 If there are any reasons why you did not file a grievance, state them here:

2 If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: _____

12 Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount) _____

\$100,000 dollars in monetary damages , as well as
adequate tratment provided to me for these horrible
medical conditions that arose from the departments
poor acts of medical skills

100.000.00 dollars punitive damages from each defendant.

Adequate pain medication and adequate medical treatment
or in the alternative, to release plaintiff so that he may
continue to receive the kind of medical care and treatment
he receives in society from his medical team and doctors.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? _____

Yes _____ No **xxx**

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these
claus

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 31 day of July, 2014.

Signature of Plaintiff Carl Davis
Inmate Number 349-14-08460
Institution Address 15-15 Hazen Street,
East Elmhurst, NY, 11370
Pro-Se

Note All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 31 day of July, 2014, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: Carl Davis
Carl Davis pro-se